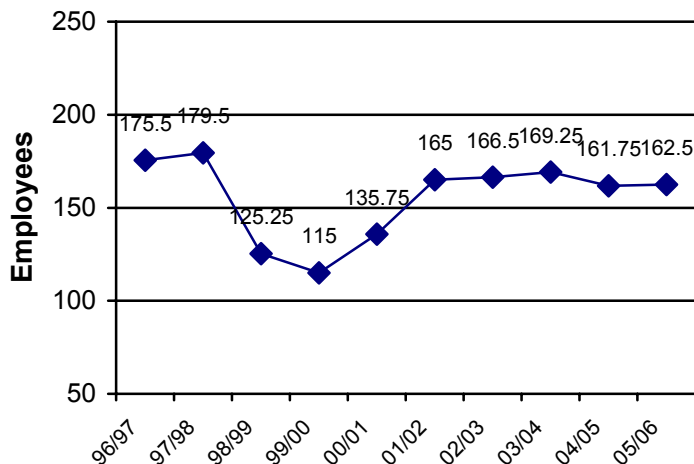


MISSION STATEMENT

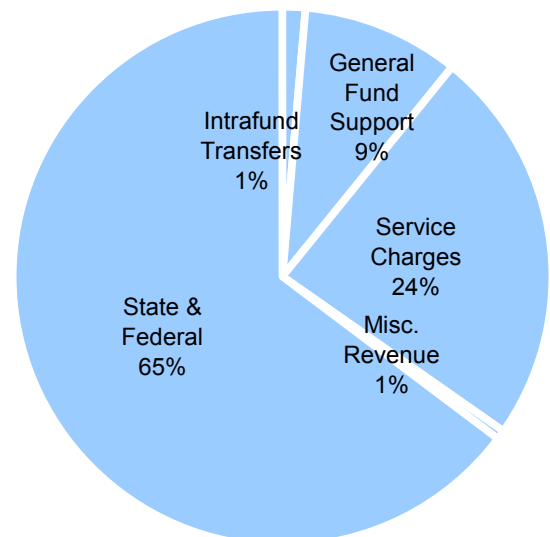
The San Luis Obispo County Public Health Department improves and maintains community health by identifying health issues, preventing disease and injury, influencing policy development and promoting healthy behaviors through leadership, collaborative partnerships, education, direct services, and surveillance.

	2003-04	2004-05	2005-06	2005-06	2005-06
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Revenues	\$ 17,016,198	\$ 17,051,895	\$ 17,622,869	\$ 17,693,332	\$ 17,693,332
Salary and Benefits	12,413,070	12,498,106	14,221,370	13,971,522	13,971,522
Services and Supplies	5,098,669	5,345,656	5,230,896	5,077,359	5,077,359
Other Charges	592,347	843,783	759,909	750,909	750,909
Fixed Assets	51,962	184,955	0	26,300	26,300
**Gross Expenditures	\$ 18,156,048	\$ 18,872,500	\$ 20,212,175	\$ 19,826,090	\$ 19,826,090
Less Intrafund Transfers	261,585	253,973	177,976	287,950	287,950
**Net Expenditures	\$ 17,894,463	\$ 18,618,527	\$ 20,034,199	\$ 19,538,140	\$ 19,538,140
General Fund Support (G.F.S.)	<u>\$ 878,265</u>	<u>\$ 1,566,632</u>	<u>\$ 2,411,330</u>	<u>\$ 1,844,808</u>	<u>\$ 1,844,808</u>

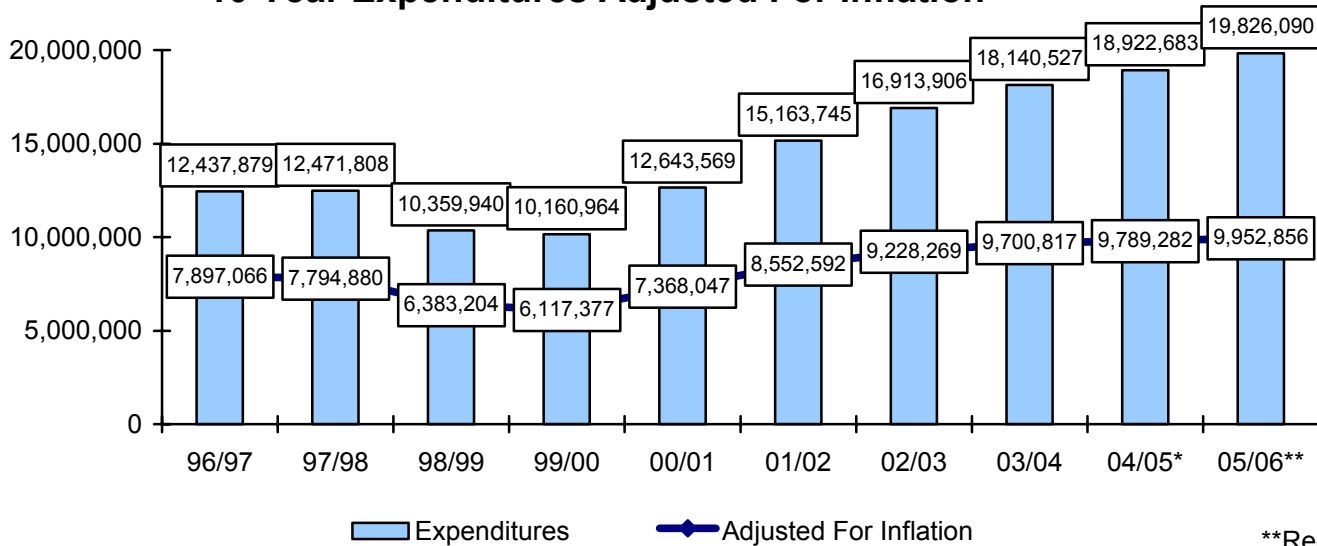
Number of Employees
(Full Time Equivalent)



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Community Health Services

The Community Health Services Division works with the community to improve health by providing education, analysis, and direct prevention services. The Division administers programs of communicable disease surveillance and control, immunizations, tobacco prevention, AIDS prevention and case management, public health laboratory, vital records and law enforcement medical care.

Total Expenditures: \$4,534,563 Total Staffing (FTE): 33.5

Environmental Health Services

The Environmental Health Division is responsible for protecting public health by preventing exposure to toxic substances, disease, unsanitary conditions and other environmental hazards.

Total Expenditures: \$3,060,269 Total Staffing (FTE): 25.5

Family Health Services

The Family Health Services Division provides a variety of health services to the residents of San Luis Obispo County, including clinical, comprehensive case management, parenting, counseling, educational and follow-up health services.

Total Expenditures: \$11,364,492 Total Staffing (FTE): 91

Public Health Administration

Administrative and fiscal oversight for all Public Health divisions including Health Systems and the Law Enforcement Medical Care Program. Enforcement of health and safety codes, protecting and preserving the public's health as well as personnel management, procurement functions, contract administration, facilities management and information systems support are included.

Total Expenditures: \$866,766 Total Staffing (FTE): 12.5

DEPARTMENT COMMENTS

The goals of the Public Health Department are to (1) Prevent epidemics and the spread of disease or injury, (2) Advocate and encourage healthy behaviors, (3) Protect against environmental hazards, (4) Respond to disasters and (5) Promote accessible, appropriate and responsive health services to all members of the community. These goals are achieved by providing services that protect the health of the residents of San Luis Obispo County.

The Public Health Department's recommended operating budget for FY 2005/06 includes expense of \$19,826,090, revenues of \$17,981,282, and General Fund support of \$1,844,808, an increase of \$399,851 compared to the adopted budget in FY 2004/05. Current year projected realignment is an increase of 14% over the adopted amount in the FY 2004/05 budget. The FY 2005/06 budget includes an overall increase of 2% over the FY 2004/05 projected Realignment actuals. The Realignment amounts have been allocated based on historical budgeted percentages among Health Agency health related realigned programs.

The following reductions are proposed in order to meet the recommended budget:

Deputy Health Officer

The Deputy Health Officer (DHO) position has been eliminated. A contract is being developed for an independent contractor to provide necessary County Health Officer back-up services when the Public Health Administrator/Health Officer is unavailable in order to meet California Health and Safety Code Requirements and meet local Public Health disaster/outbreak needs and medical oversight in the Public Health Department.

Field Nursing Program

Family Health Services Division proposes to eliminate 1.0 FTE Public Health Nurse dedicated to Public Health Nurse Field/Home Visiting programs. This nurse provides home based case management services to high-risk targeted families. These services are typically offered to low income mothers and mothers who have admitted to substance use (alcohol/drugs) during pregnancy. Program referrals for pregnant/parenting women with positive drug/alcohol screens or admitted substance use are projected to be 18.7% higher than FY 2003/04.

Communicable Disease follow-up

Family Health Services Division proposes to eliminate 0.50 FTE Communicable Disease Investigator (CDI) dedicated to follow-up with individuals with syphilis, gonorrhea, and chlamydia to ensure treatment for infection and control the spread of disease. In the current fiscal year, San Luis Obispo County had the largest cryptosporidium outbreak in California that entailed investigating over 400 individuals. This action will reduce our follow-up capabilities and will negatively impact the Results Based Decision Making (RBDM) performance target.

Highlights this past year include:

Environmental Health

Violation compliance rates are one indicator of the effectiveness of Environmental Health staff and level of public health protection provided by our division. Presently, we have a 97% compliance rate with critical food handling violations, 95% compliance rate with bacteriological drinking water standards, and 95% compliance rate with bacteriological standards in our ocean waters. Our hazardous materials programs have a compliance rate of 95% on average. The average compliance rate for all Environmental Health Programs is 97%. We have developed an ordinance that will better protect our water supplies from gasoline contamination and an interim ordinance to regulate the land application of biosolids. We have also required everyone of our 1400 retail food facility to have a worker who has been certified in the safe handling of food.

Family Health Services

In September 2004, San Luis Obispo County had the largest Cryptosporidium (a water borne parasite) outbreak in California. Over 500 phone calls from the public were received and 378-symptomatic individuals were screened. The Public Health Department worked closely with staff from the Communicable Disease Center, Department of Health Services and Santa Barbara County Public Health Department to successfully prevent a community wide spread of Cryptosporidium.

Children's Leadership Team

In September of 2004, a leadership team including county department heads, members of the Board of Supervisors, County Office of Education (Special Education) personal, and private physicians to evaluate the need for assessment and intervention services for children who have been prenatally exposed to alcohol, tobacco, and drugs during pregnancy. With the assistance of Dr. Ira Chasnoff and Dr. Rich McGourty a plan was developed to work toward a Children's Center in San Luis Obispo County. This center will provide assessment and interventions for children and their families who are dealing with the results of prenatal exposure.

National Flu Vaccine shortage

Family Health Services and the Bioterrorism Preparedness Program effectively responded to the National flu vaccine shortage by coordinating the distribution of vaccines and providing the medical community with weekly information on vaccine availability.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The FY 2004-05 budget included a 51% - or about \$500,000 – increase in General Fund support for the Public Health Department. For FY 2005-06, staff is recommending another substantial increase (approximately 27% or \$400,000) in General Fund support in order to mitigate the impact of revenue cuts and/or shortfalls. About \$85,000 of the \$400,000 increase is needed to pay for the conversion of three temporary help positions to permanent positions in support of the Mosquito Abatement Program. Fortunately, the level of General Fund support for the County's indigent health care program (the County Medical Services Program) has decreased by about the same amount of money due to lower than expected hospitalization and outpatient medical costs.

In addition to the higher level of General Fund support, the budget includes a recommendation that the Board transfer \$400,000 from the Social Services Realignment trust account to mitigate other revenue losses and expenditure increases in Public Health. It is important to note that at least some of this money is expected to be needed in future years to pay for caseload growth in Child Welfare Services, In-Home Support Services and a variety of other programs administered by Social Services. However, transferring the funds in FY 2005-06 will allow the new Health Agency Director time to develop a proposal for reducing costs and/or increasing other revenues in anticipation of the Social Services trust fund revenues being redirected to pay for caseload growth in future years.

The higher level of General Fund support – coupled with drawing down additional funds from the Social Service trust account – will allow the department to retain 7.0 FTE nursing staff as well as a half-time microbiologist and two support staff. This will enable the department to continue provision of the priority services identified in their budget (family planning, disease surveillance, cancer and tuberculosis screening and immunization services).

The half-time Deputy Health Officer (DHO) is recommended for deletion. A portion of that position was created and funded by Homeland Security funds. The department is projecting that these funds will be significantly reduced next year, although they believe funding will continue for other staff and resources added recently in support of bioterrorism response.

A new Health Agency Director position was created by the Board and filled in February 2005. The Health Agency Director is expected to assume many of the responsibilities formerly performed by the Public Health Director/Health Officer, thereby leaving the latter position with more time to act as the County Health Officer. While this eliminates the need for a permanent Deputy Health Officer, a contract is being developed to provide “back-up” Health Officer services when the County Health Officer is out of the area.

BOARD ADOPTED CHANGES

None.

GOALS AND PERFORMANCE MEASURES

Department Goal: Prevent epidemics and the spread of disease or injury.						
Communitywide Result Link: Healthy Community.						
1. Performance Measure: Annual rate of reported retail foodborne disease outbreaks per 100,000 people.						
00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
0	0	*2	**3	0	0.7	1
What: Regardless of the level of monitoring of retail food facilities, foodborne disease outbreaks will occur. A foodborne outbreak is usually defined as “the occurrence of 2 or more cases of a similar illness resulting from ingestion of a common food source.”						
Why: It is critical that the Public Health Department respond to foodborne disease outbreaks in order to identify the cause and, if possible, prevent it from reoccurring. Investigating and controlling foodborne disease outbreaks minimizes the number of people affected and in this way maintains a healthy community.						

How are we doing? There were two reported foodborne disease outbreaks for FY 2004/05 in San Luis Obispo County. One was associated with a catered wedding, and one with a catered dinner for professionals. For both of these outbreaks, no illness-causing organism was identified. In both cases, a thorough investigation yielded no obvious suspect food. These two cases translate into 0.7 cases per 100,000 population (assuming 283,400 population in San Luis Obispo County, based on the 2004 California Department of Finance population estimates). This is higher than our FY 2004/05 adopted target of 0. Benchmark data are not available.

* In FY 2002/03, there were two identified retail foodborne disease outbreaks. This was inadvertently reported as two cases rather than being translated into the number of outbreaks per 100,000 population, which would have been a rate of 0.8.

** In FY 2003/04, there were three identified retail foodborne disease outbreaks. This was inadvertently reported as three cases rather than being translated into the number of outbreaks per 100,000 population, which would have been a rate of 1.1.

2. Performance Measure: Cost per visit for childhood immunization.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
New Measure	New Measure	\$ 44.00/ visit	\$ 56.38/visit	\$ 48.00/ visit	\$ 29.73/ visit	\$ 31.00/ visit

What: Measures the cost to immunize a child at County clinics per visit. Does not include flu clinic or vaccinations specifically for travel. Cost is direct division cost, minus revenue.

Why: To monitor delivery efficiency of this important and heavily utilized service and improve access to the citizens. CDC Information states that for every dollar spent on immunizations the following is saved in future medical costs: measles, mumps, rubella (MMR) - \$16.34, diphtheria, pertussis, tetanus (DPT) - \$6.21, Chickenpox - \$5.40.

How are we doing? Based on revised cost data for FY 2004/05, we have seen a substantial reduction in cost per visit for immunizations, from \$56/visit in FY 2003/04 to \$30/visit in FY 2004/05. This is due to child and adult immunization expenses/revenue split out in FY 2004/05. This performance measure is limited to cost per visit for childhood immunization. In FY 2004/05, we recorded 2,289 visits for childhood immunizations. Benchmark data are unavailable.

3. Performance Measure: Percentage of low birth-weight infants.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
5.3%	5.0%	5.1%	5.5%	5.0%	*5.5%	5.0%

What: Measure the percentage of live born infants (averaged over a three-year time period) who weigh less than 2,500 grams (five and three-quarters pounds) at birth and are born to residents of our county.

Why: Low birth-weight impacts the infant's survival and future development. Several Family Health Services programs strive to decrease teen pregnancy, enhance nutrition, decrease tobacco use, and encourage early entrance into prenatal care in order to improve mothers' health and decrease infant low-birth rate.

How are we doing? Per the 2005 County Health Status Profiles, the 2001-2003 results show the percentage of low birth-weight infants among San Luis Obispo County residents was 5.5 (with 95% confidence limits of 4.5 to 6.4). Our results were better than the California rate of 6.4, and also better than the rates of four of our benchmark counties (Santa Cruz – 5.2, Napa – 5.4, Placer – 5.5, Monterey – 5.8, Ventura – 6.1, Santa Barbara – 6.4, and Kern - 6.6). Even though we did not meet our FY 2004/05 target of 5.0%, which is the Healthy People 2010 national target, we believe that our public health programs are contributing to our relatively low percentage of low birth-weight infants.

* FY 2004-05 Actual Results are the most recent data available (i.e., the average percentage of low birth-weight infants for Calendar Year 2001-2003).

4. Performance Measure: Percentage of live born infants whose mothers received prenatal care in the first trimester.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
81.8%	82.6%	82.9%	81%	85%	*82.4%	85%

What: Percentage of pregnant live born infants whose mothers received prenatal care in the first trimester of pregnancy.

Why: Early, high quality prenatal care reduces the incidence of morbidity and mortality for both mother and infant.

How are we doing? Per the 2005 County Health Status Profiles, the 2001-2003 results show the percentage of live born infants whose mother received prenatal care in the first trimester among San Luis Obispo County residents was 82.4 (with 95% confidence limits of 80.7 to 84.1). This is lower compared to the California percentage of 86.4 and our FY 2004/05 target of 85%. The results for our benchmark counties are: Santa Cruz – 91.1, Ventura – 90.5, Placer – 89.2, Kern – 83.9, Monterey – 83.8, Santa Barbara – 80.8, and Napa – 77.8. Based on feedback from some health care providers and low-income pregnant women, one of the key issues that appear to be impacting this performance measure is reduced access to medical care.

* FY 2004-05 Actual Results are the most recent data available (i.e., the average percentage of live born infants whose mother received prenatal care in the first trimester for Calendar Year 2001-2003).

Department Goal: Promote and encourage healthy behaviors.

Communitywide Result Link: A Healthy Community

5. Performance Measure: Birth rate of adolescent females, ages 15 to 17, per 1,000 population.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
(14.8) *15.4	(11.1) *11.6	(12.8) *13.4	(12.3) *13.0	(12.5)	*10.6	*12.0

What: This represents the rate of births per 1,000 population for female teens between 15 and 17 years old.

Why: The rate of teen births in our county is a direct predictor of future health, social and economic status. The age range of 15 to 17 year olds is a critical one and a direct indicator of future high-risk families.

How are we doing? Our teen birth rate of 10.6 per 1,000 population in 2004 is lower than the adopted FY 2004-05 goal of 12.5 and the FY 2003-04 Actual Results. Comparison data for the 15 to 17 year age group is no longer available from the State due to budget cut-backs. However, during 2003, San Luis Obispo County ranked 7th best among all 58 California counties for teen births among the 15 to 19 year age group. The teen birth rate in our county has been on a downward trend.

* The teen birth rates in San Luis Obispo County for 2000 through 2003 have been revised to reflect the newly released population data, which is based on the 2000 Census. An error was made in copying the state census data in the last report; these numbers have been corrected and adjusted for the 2000 Census. State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, May 2004. The rates in parentheses were based on the 1990 census population data. The FY 2004/05 Actual Results are for Calendar Year 2004, the most recent data available.

6. Performance Measure: Percentage of the State allocated caseload enrolled in the Women, Infants & Children (WIC) Program.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
96%	97%	97.2%	97%	97%	97.3%	97%

What: Measures the provision of supplemental foods, nutrition education and linkages to good health care for eligible women, infants and children.

Why: Reduces the complications of pregnancy; reduces iron deficiency anemia in women, infants and children; decreases the incidence of low birth-weight infants and promotes optimum growth and development of infants and young children.

How are we doing? In San Luis Obispo County, the FY 2004-05 average monthly WIC Participation was 4,303. The San Luis Obispo County WIC Program received a caseload allocation increase effective April 1, 2005, of 100. The current WIC Program allocation is 4,500 and the average monthly WIC participation for FY 2004-05 was 97.3%. Since 1997, the San Luis Obispo County WIC Program's monthly-allocated caseload has grown by 31.4% (from 3,425 to 4,500). Even though the monthly-allocated caseload has grown throughout the State, the WIC Programs for both San Luis Obispo County and each of our benchmark counties have successfully maintained monthly participation to meet caseload in accordance with State mandates. Currently, the State mandates that local agencies serve 97-100% of their monthly caseload allocation.

7. Performance Measure: HIV positive antibody test rate among community residents per 100,000 population.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
New Measure	2.4	3.2	2.1	1.9	2.5	2.8

What: Positive Human Immunodeficiency Virus (HIV) antibody test rate (per 100,000 population) in the Public Health Lab from specimens submitted from HIV test sites in the community and in the Public Health Department, but not those who are institutionalized.

Why: The rate of HIV positive antibody tests in the population may be a reflection of the increased availability of testing services and the increased efforts to get people to test who are at high risk for contracting HIV.

How are we doing? During FY 2004/05, there were 7 HIV positive cases that were tested in the Public Health lab (excluding those from institutions). Two of these 7 cases were not residents of San Luis Obispo County. This translates into 2.5 cases per 100,000 population (assuming 283,400 population in San Luis Obispo County, based on the 2004 California Department of Finance population estimates). This is slightly lower than our FY 2004/05 adopted target of 2.8. Comparable benchmark data are not available.

8. Performance Measure: Youth smoking rate (proportion of youth in 11th grade who have smoked cigarettes within the past 30 days).

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
23%	22%	22%	19%	20%	*19%	18%

What: The proportion of youth in the 11th grade who have smoked cigarettes within the past 30 days, based on the county schools survey done biannually.

Why: Among young people, the short-term health consequences of smoking include respiratory and non-respiratory effects, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood. Teens who smoke are three times more likely to use alcohol, eight times more likely to use marijuana and 22 times more likely to use cocaine.

How are we doing? The most recent youth smoking rate data are from the San Luis Obispo County Fall 2003 Healthy Kids Survey. The results indicate a youth (11th grade) smoking rate of 19%, a decrease from 22% in Fall 2001. This was a lower rate compared to our FY 2003/04 target of 21.9% and our FY 2004/05 target of 20%. We requested data from our benchmark counties for the Healthy Kids surveys. Kern County reported 15%, Monterey County reported 13% (for FY 2002-03 and FY 2003-04), Santa Barbara County data are not available, and Placer County did not respond. The other benchmark counties did not have comparable data (Napa only had data for two school districts and Santa Cruz only had data for 2002). The most recent California Student Tobacco Survey data for 11th graders showed a statewide percentage rate of 13.2%. This survey provided only regional (multi-county) data. The national Youth Risk Behavior Survey results were 24% in 2003, a decline from 30% in 2001. No national data for 2004 is currently available.

* The FY 2004/05 Actual Results are from a survey in Fall 2003 (the most recent data available).

9. Performance Measure: Adult smoking rates.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
*17.1%	*16.3%	**13.4%	**13.4%	12.9%	***16.0%	12.5%

What: The proportion of adults who smoke based on the California Health Interview Survey (CHIS), which is completed bi-annually. *Note: Replaced Action for Healthy Communities survey with California Health Interview Survey, which is being completed every 2 years and has benchmark data for each county and the State. Both surveys utilized random telephone surveys. In the 2003 Action for Healthy Communities Survey, 500 San Luis Obispo County residents were contacted and the 95% confidence interval for the results was approximately +/- 4.5%. In the 2003 California Health Interview Survey, 506 San Luis Obispo County residents were contacted and the 95% confidence interval for the results was approximately +/- 4.1%.*

Why: The Centers for Disease Control reports that, in addition to the well known association with lung cancer, cigarette smoking also increases the risk for heart disease and stroke. On average, someone who smokes a pack or more of cigarettes per day lives seven years less than someone who never smoked.

How are we doing? The results of the most recent (2003) California Health Interview Survey (CHIS) showed slightly different results compared to the local Action for Healthy Communities survey, which is to be expected with different samples. Per the 2003 CHIS, the percentage of adults who were current smokers were: California – 16.5%, San Luis Obispo County – 16.0% (95% confidence interval = 11.9 – 20.1), Kern County – 22.4%, Monterey / San Benito County – 16.5%, Placer County – 15.4%, Napa County – 14.5%, Santa Barbara County – 14.3, Santa Cruz County – 13.8, and Ventura County – 13.4. Because of the relatively wide confidence intervals (plus or minus 3-4% for each of the benchmark counties), variations in the county CHIS results from 2001 to 2003, and differences among benchmark counties may be due to “chance” rather than a true difference in actual smoking rates. The national smoking prevalence in 2004 was 20.9% (per the Behavioral Risk Factor Surveillance System). The 2005 California Health Interview Survey began data collection in July 2005 and results will be available beginning in mid-2006.

* The results for FY 2000-01 and FY 2001/02 were from the 1999 and 2001 Action for Healthy Communities Survey, respectively

** The results for FY 2002/03 and FY 2003/04 were from the 2003 Action for Healthy Communities Survey

*** The FY 2004/05 Actual Results are from the 2003 California Health Interview Survey (CHIS) (the most recent data available).

Department Goal: Protect against environmental hazards.

Communitywide Result Link: Safe and a healthy community.

10. Performance Measure: Percentage of compliance with State or Federal bacteriological drinking water standards.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
95.1%	95.2%	95.2%	95.3%	96%	95.3%	96%

What: San Luis Obispo County regulates approximately 166 small water systems with 5 to 199 connections. These supply water to approximately 20% of our county. Water samples are tested for total coliform bacteria.

Why: Coliform bacteria are indicator organisms used to determine if water systems are contaminated by organic sources such as animal feces. Water systems contaminated with fecal material can cause diseases such as typhoid fever, cholera, shigella and cryptosporidiosis.

By performing routine inspections on water systems and requiring repairs and improvements to water systems that repeatedly fail bacteriologic standards, we will improve the healthfulness of the drinking water supply and reduce the incidence of samples that fail bacteriological water tests.

How are we doing? During FY 2004/05, 1,824 routine water samples were taken and 1,738 passed. This represents a compliance rate of 95.3%, which is 0.7% lower than our adopted target of 96%. When a sample fails, the water system operator is notified immediately and instructed on how he can resolve the problem. Follow up samples are taken until they pass. Eventually, all water systems must pass bacteriological drinking water standards. Benchmark data are not available.

Department Goal: Promote accessible, appropriate and responsive health services to all members of the community.

Communitywide Result Link: A Healthy Community

11. Performance Measure: Number of children enrolled in the Healthy Families Program.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
2,786	3,378	3,833	3,824	4,600	*4,222	4,600

What: The number of children actively enrolled in the Healthy Families Program.

Why: Healthy Families Program offers more low-income families access to low-cost health coverage for children at or below the 250% poverty level.

How are we doing? In San Luis Obispo County, the number of children enrolled in the Healthy Families Program (as of April 2005) is 4,222, which is a 10% increase from the 3,824 enrolled in June 2004. Our enrollment has increased by 105% in the past 3.8 years (from 2,063 in July 2000 to 4,222 in April 2005). The results for FY 2004/05 are lower than our targeted result of 4,600. Probable reasons for the slower than anticipated enrollment include: (1) In January 2004, the State changed the agency that processed applications. The new agency is taking so long on the renewal process that some families are being disenrolled before the application is processed. There is no telephone access to find out the status of new applications or renewals. (2) Since July 2003, application assistants were no longer being reimbursed \$50 for helping clients enroll in Healthy Families; therefore, many organizations (e.g., Catholic charities) that were assisting clients to enroll stopped providing this service. (3) Some clients are no longer eligible due to age or income changes. (4) Some clients did not reapply for unknown reasons. The enrollment for our benchmark counties (as of April 2005) was: Napa – 2,089, Placer – 3,047, Santa Cruz – 4,607, Santa Barbara – 8,404, Monterey – 14,344, and Kern 19,327. Note that enrollment numbers vary markedly based on the county population and the percentage of children who qualify for the program based on family income. The 2004/05 Children's Health Initiative includes provisions to reduce barriers to Healthy Families and Medi-Cal applications for children.

* The FY 2004/05 Actual Results are from April 2005, the most recent Healthy Families Program Enrollment data available from the State. In prior years, the Actual Results were as of June of the current year.

12. Performance Measure: Percentage of pregnant and parenting women with positive drug and alcohol screen or admitted substance abuse who are enrolled in Public Health Nursing Case Management Services and receiving follow-up.

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
64%	91.3%	80.2%	73.1%	92%	85%	75%

What: Public Health Nursing receives referrals on substance abusing pregnant/parenting women who tested positive for drugs or admit alcohol/ substance use, including smoking. The number of these women that we enroll and provide services for is tracked.

Why: The percentage is a measure of how well the program reaches and enrolls this very high-risk target population. Alcohol, drugs or smoking during pregnancy can substantially affect newborn health and increase the healthcare costs associated with the newborn.

How are we doing? The number of referrals to this program increased 104% in one year, from 219 in FY 2003/04 to 446 in FY 2004/5. Of the 446 referrals in FY 2004/05, 379 (85%) were enrolled in Public Health Nursing Case Management Services and received follow-up, which is lower than our target of 92%, but much higher than our results for last year (73%). The primary reasons for not enrolling in the program included: refused Public Health Nurse intervention efforts (62%), were unable to be located (25%), or moved out of the county (12%). The significant increase in referrals to our program is likely due to the increased awareness and screening in our community. More than 800 professionals attended Dr. Ira Chasnoff's lectures regarding prenatal substance abuse in September 2003 and March 2004. Dr. Chasnoff is from the Children's Research Triangle, Chicago, Illinois. His visits have been funded by the Children's Services Network and the First Five Commission. Fourteen of our obstetrics providers and our four CHCCC clinics are currently using the "4 P's Plus" Perinatal Substance Abuse Screening and Referral program in San Luis Obispo County; only two of our providers are not using this program. The Perinatal Substance Abuse Prevention Coalition and Leadership Group have been working with human service providers and obstetrics providers to increase awareness, detection and prevention of perinatal substance abuse. Benchmark data are not available.